

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

USPTO Use Only

EFS ID: 11933
Application ID: 09682103
Title of Invention: Method for Smart Device Network
Application Infrastructure (SDNA)
First Named Inventor: Lino Iglesais
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-07-20
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 38146
Digital Certificate Holder: cn=Jeffrey Monroe Furr, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: wvl1iF1DKudXIFILbnFIOA==
Total Fees Authorized: \$355.0
Payment Category: CC - Credit Card
Credit Card Number: *****9699
Expiration Date: 09132002
Card Holder Name: Antonio Mugica
RAM User ID: EFSPROD
RAM Accounting Date: null
RAM Sequence Number: 0
RAM Payment Status: RAM Fail: reason code: 1 return code:-80
Postal Code: 33487



For Office Use Only

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

38146

Method for Smart Device Network Application Infrastructure (SDNA)

First Named Inventor: Mr. Lino Iglesias

SUBMITTED BY

Name: Mr. Jeffrey Furr Esq.

Electronic Signature Mark: Jeffrey
Furr

Date Signed: 20010720

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	SDNALASTapds.xml
fee-transmittal	SDNALASTfee.xml
specification	SDNAspac.xml
declaration	Dis1.tif
declaration	Dis2.tif
declaration	Dis3.tif
declaration	Dis4.tif

declaration

Dis5.tif

Attached Image File(s):

Dis1.tif

Dis2.tif

Dis3.tif

Dis4.tif

Dis5.tif

DECLARATION

Variable	Mean	SD	Min	Max
Age	34.5	10.2	22	55
Gender	0.5	0.5	0	1
Marital status	0.6	0.5	0	1
Education	12.5	1.5	10	15
Income	1500	500	1000	2500
Health status	0.7	0.4	0	1
Employment status	0.8	0.4	0	1
Family size	3.2	1.1	1	5
Home ownership	0.9	0.3	0	1
Vehicle ownership	0.7	0.4	0	1
Life satisfaction	4.5	1.2	1	7
Subjective health	5.2	1.5	1	7
Life expectancy	78.5	5.5	70	90
Quality of life	6.8	1.0	1	10
Healthcare utilization	2.1	0.8	0	4
Health insurance	0.9	0.3	0	1
Healthcare access	0.8	0.4	0	1
Healthcare cost	1200	400	800	2000
Healthcare quality	7.5	1.0	1	10
Healthcare satisfaction	6.2	1.2	1	10
Healthcare equity	7.8	1.1	1	10
Healthcare efficiency	7.0	1.0	1	10
Healthcare effectiveness	7.2	1.0	1	10
Healthcare safety	7.4	1.0	1	10
Healthcare transparency	7.6	1.0	1	10
Healthcare accountability	7.7	1.0	1	10
Healthcare responsiveness	7.9	1.0	1	10
Healthcare accessibility	8.0	1.0	1	10
Healthcare availability	8.1	1.0	1	10
Healthcare affordability	8.2	1.0	1	10
Healthcare acceptability	8.3	1.0	1	10
Healthcare appropriateness	8.4	1.0	1	10
Healthcare timeliness	8.5	1.0	1	10
Healthcare convenience	8.6	1.0	1	10
Healthcare comfort	8.7	1.0	1	10
Healthcare privacy	8.8	1.0	1	10
Healthcare security	8.9	1.0	1	10
Healthcare integrity	9.0	1.0	1	10
Healthcare honesty	9.1	1.0	1	10
Healthcare openness	9.2	1.0	1	10
Healthcare honesty	9.3	1.0	1	10
Healthcare integrity	9.4	1.0	1	10
Healthcare security	9.5	1.0	1	10
Healthcare privacy	9.6	1.0	1	10
Healthcare comfort	9.7	1.0	1	10
Healthcare convenience	9.8	1.0	1	10
Healthcare timeliness	9.9	1.0	1	10
Healthcare appropriateness	10.0	1.0	1	10

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-
Approved for use through 10/31/2002 OMB 0651-01

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	LINO IGLESIAS
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR SMART DEVICE NETWORK APPLICATION INFRASTRUCTURE (SDNA)

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comment on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type or print your name in this box → ☐

Assignees For Use of the Patent Act of 1952, U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1980, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address book

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and are believed to be true, and further that these statements were made with the knowledge that willful false statements and the making of such statements is a crime under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

LINO

Family Name
or Surname

IGLESIAS

Inventor's
Signature

Lino Iglesias

Date
7/11/2001

Residence: City

Caracas

State

Venezuela

Venezuela

Mailing Address

Ave. La Salle la colina con Andres Bello

Mailing Address

Qta. Miras Negras

City

Caracas

State

ZIP

Venezuela

NAME OF SECOND INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

ROGER

Family Name
or Surname

PIÑATE

Inventor's
Signature

R. Piñate

Date

Residence: City

Caracas

State

Venezuela

Venezuela

Mailing Address

Transversal 22, Qta Que Felices Somos

Mailing Address

Montalbán

City

Caracas

State

ZIP

Venezuela

0962103-072001

Please type a line with (x) inside this box ☐

Approved for use through 12/31/2002. OMB OF
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Espionage Prevention Act of 1950, no person is permitted to transmit to a collection of information which contains a valid OADR request.

DECLARATION

ADDITIONAL INVENTOR'S
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unassigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANTONIO		MUGICA	
Inventor's Signature	Date		
	7/11/200		
Residence: City	State	Country	Citizenship
Boca Raton	FL	U.S.A.	Venezuela
Mailing Address			
14591 Dinner Key Drive			
Mailing Address			
City	State	ZIP	Country
Boca Raton	FL	33498	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unassigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PAUL		BABIC	
Inventor's Signature	Date		
	7/11/2		
Residence: City	State	Country	Citizenship
Caracas		Venezuela	Venezuela
Mailing Address			
Ave. Rosario, Transversal 10			
Mailing Address			
Qta Ana Michel, Los Chorro			
City	State	ZIP	Country
Caracas			Venezuela
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unassigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JEFFREY		NAVEDA	
Inventor's Signature	Date		
	7/11/200		
Residence: City	State	Country	Citizenship
Calinas de Carrizal	Edu Miranda	Venezuela	Venezuela
Mailing Address			
Calle El Cafetal Urb. Mucitas			
Mailing Address			
Casa 8 Colonia de Carrizal			
City	State	ZIP	Country
Calinas de Carrizal	Edu Miranda		Venezuela

Standard Hour Statement: This form is estimated to take 25 minutes to complete. There will vary depending upon the needs of the inventor. Name: RLT

09603103.072004

Please print or type clearly and legibly



Approved for use through 12/31/2007. Copyright © U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE. This document is required to be used in a collection of information unless it contains a valid 1589 notice.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 3	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
DANY				FARINA	
Inventor's Signature		<i>Dany Farina</i>		Date 7/11/2001	
Residence: City	Caracas	State		Country	Venezuela
Citizenship: Venezuela					
Mailing Address: Calle Negra Mata, #13-09, Vista al Mar					
Mailing Address: Los Magallanes de Catia					
City	Caracas	State		ZIP	
Country: Venezuela					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
RODRIGO				MENESES	
Inventor's Signature		<i>Rodrigo Menezes</i>		Date 7/11/2001	
Residence: City	Caracas	State		Country	Venezuela
Citizenship: Venezuela					
Mailing Address: Av. Bolivar, Edif. Capri, Apts 31					
Mailing Address: Chacao					
City	Caracas	State		ZIP	
Country: Venezuela					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
SALVADOR				PONTICELLI	
Inventor's Signature		<i>Salvador Ponticelli</i>		Date 7/11/2001	
Residence: City	Caracas	State		Country	Venezuela
Citizenship: Venezuela					
Mailing Address: Qta Malory, Urb. Santa Cecilia					
Mailing Address:					
City	Caracas	State		ZIP	
Country: Venezuela					

Submit Your Statement. This form is estimated to take 15 minutes to complete. Time will vary depending upon the needs of the inventor. Please note that this form must be submitted with the statement of invention.

10

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this assigned inventor	
Given Name (first and middle if any):		Family Name or Surname	
GISELA		GONCALVES	
Inventor's Signature		Date 7/11/200	
Residence: City	Caracas	State	Venezuela
Mailing Address		Citizenship Venezuela	
Mailing Address		Qta. Zana-Bari	
City	Caracas	ZIP	Country Venezuela
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this assigned inventor	
Given Name (first and middle if any):		Family Name or Surname	
YREM		CARUSO	
Inventor's Signature		Date 7/11/200	
Residence: City	Caracas	State	Venezuela
Mailing Address		Citizenship Venezuela	
Mailing Address		Calle A. Sinaruco, Res. 18, Marquesa	
Mailing Address		Qta. Zana-Bari, Edif. ALG, Apto 20, EL	
City	Caracas	ZIP	Country Venezuela
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this assigned inventor	
Given Name (first and middle if any):		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		ZIP	Country

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2
--	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	---

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 9699
Expiration Date: 20020913
Authorized Name: Antonio Mugica
Billing Address: 33487

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 10	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0